



Annandale  
HEALTHCARE CENTER

Serving with Pride.  
November 7, 2024

Sent via email November 7, 2024

David W. Holland  
Life Safety Code Inspector  
Office of Licensure and Certification/Division of Life Safety Code  
Email Address: david.holland@vdh.virginia.gov  
Office Number: (804) 367-2102  
FAX: (804) 527-4502 RE:

Annandale Healthcare Center  
Provider Number 495155

Dear David W. Holland,

This Plan of correction is in response to the unannounced Life Safety Code survey conducted at Annandale Healthcare on October 16, 2024. Please accept this Plan of correction as our credible evidence to be in substantial compliance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities, and all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care certification requirements issued by the Centers for Medicare and Medicaid Services (CMS),

Annandale and Health Center makes its best efforts to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the statement of the deficiencies. This plan of correction (POC) is prepared and/ or executed because it is required by State and Federal laws.

If you have any question or need additional information, Please feel free to reach out to me at 703-256-7000 or email me at John.Mitchell@chs-corp.com.

Mr. John Mitchell, Administrator  
Annandale Healthcare Center  
6700 Columbia Pike  
Annandale, VA 22003


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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANNANDALE HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6700 COLUMBIA PIKE ANNANDALE, VA 22003</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  Description of structure; The facility is a three story building of Type II construction and is fully sprinklered.  An unannounced recertification Life Safety Code survey was conducted on 10/16/2024 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The Facility was surveyed for compliance using the 2012 Life Safety Code Existing Regulations. The Facility was not in compliance with the Requirements for Participation for Medicare and Medicaid.	K 000			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or	K 363	< 363 Corridor – Doors CFR(s): NFPA 101  1. The Facility Maintenance Director or Designee addressed and corrected door closure to West two Smoke door and the smoke door to close to room 321 which failed to properly close and latch from the open position as required by NFPA 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485  2. The Facility Maintenance Director or Designee will audit all smoke doors to ensure they close and latch from the open position as required by NFPA 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485  3. The Maintenance Director or designees will reeducate the facility Maintenance staff of on NFPA NFPA 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

LNHA

(X6) DATE

11-7-2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 363	Continued From page 1 pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.  19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: The facility failed to maintain smoke door.  Based on observation it was revealed the facility failed to maintain smoke barriers .  On 10-16-2024, it was revealed the hours of 11; a.m. and 1; p.m.the smoke door to room 321 failed to properly close and latch from the open position. The facility engineer and Administrator confirmed this finding.	K 363	4. The facility Maintenance Director or Designee will audit weekly for one month and monthly for two months to ensure fire doors close and latch from the open position. The results from the observations will be reviewed by the QAPI team for evaluation and if further monitoring is needed.  5. All actions will be completed by 11-16-2024	
K 761 SS=D	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility	K 761	: 761 Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101  1. The facility Maintenance Director or Designee got a proposal for the fire rated latching hardware for the North corridor fire door. The smoke door in the North corridor gap was corrected to the permissible 1/8 inch between halves when closed Per NFPA 80 6.3.1.7.1	

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K 761	<p>Continued From page 2 maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: The Facility failed to maintain a fire door.</p> <p>Based on observation it was revealed the facility failed to maintain the fire door located in the North corridor. The fire door located in the fire wall was not equipped with fire rated latching hardware.</p> <p>It was also revealed that the smoke door in the North corridor had a gap greater than the permissible 1/8 inch between halves when closed. Per NFPA 80 6.3.1.7.1</p> <p>The facility engineer and the facility Administrator confirmed this finding.</p>	K 761	<ol style="list-style-type: none"> <li>2. The Facility Maintenance Director or Designee will audit all fire doors and smoke doors to ensure they are equipped with fire rated latching hardware and that no doors have a gap greater than the permissible 1/8 inch between halves when closed. Per NFPA 80 6.3.1.7.1</li> <li>3. The Maintenance Director or designees will reeducate the facility Maintenance staff of on NFPA NFPA 80 6.3.1.7.1</li> <li>4. The facility Maintenance Director or Designee will audit weekly for one month and monthly for two months to ensure fire doors close and latch from the open position. The results from the observations will be reviewed by the QAPI team for evaluation and if further monitoring is needed.</li> <li>5. All actions will be completed by 11-16-2024</li> </ol>		